

PARENT/GUARDIAN- DISCLAIMER FORM FOR RELEASE OF MRI IMAGES

Principal Investigator: **[PI's name]**

We will ask you to fill in this form if you and your child are interested in obtaining an electronic format image of your child's brain.

The images of your child's brain collected in this study are strictly for research purposes. These images are not intended to reveal any disease state, in part because the protocols used are not optimized for clinical diagnosis. Thus, a certified neuroradiologist will not routinely examine your child's brain images. These images are not adequate for diagnostic use by your doctor.

However, as stated in the consent form you have already signed, if in the normal course of collecting images of your brain the MR technician or affiliated staff detect what could be a problem, you will be so informed and given referral information so that you can have further diagnostic tests by a certified neuroradiologist.

For more information concerning this research you should contact:

[PI's name, mailing address, telephone and e-mail.]

If you have any questions about your rights as a research subject, you may contact:

University of Rochester Research Subjects Review Board
265 Crittenden Blvd., CU 420628
Rochester, NY 14642
Telephone: (585) 276-0005 or (877) 449-4441

PARENT/GUARDIAN PERMISSION

PRINT NAME: _____
SIGNATURE: _____
DATE: _____

INVESTIGATOR

SIGNATURE: _____
DATE: _____